

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/21/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/28/2011	
NAME OF PROVIDER OR SUPPLIER BENNETT HOUSE				STREET ADDRESS, CITY, STATE, ZIP CODE 3928 HORNE AVE NEW ALBANY, IN47150			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
R0000	<p>This visit was for the investigation of Complaint IN00088045.</p> <p>Complaint IN00088045 - Substantiated - State Residential deficiencies related to the allegations are cited at R0214 and R0241.</p> <p>Survey date: March 28, 2011</p> <p>Facility number: 004442 Provider number: 004442 AIM number: NA</p> <p>Survey team: Gloria J. Reisert, MSW/TC Avona Connell, RN Donna Groan, RN</p> <p>Census bed type: Residential: 33 Total: 33</p> <p>Census payor type: Other: 33 Total: 33</p> <p>Sample: 07</p> <p>These state residential findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 3/31/11 by Jennie Bartelt, RN.</p>			R0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R0214	<p>Based on record review and interview, the facility failed to ensure a licensed nurse completed an assessment after a fall for 1 of 3 residents (Residents A) reviewed for falls and failed to assess a resident on return to the facility after a fractured hip was repaired for 1 of 1 resident (Resident F) with a fractured hip repair in a sample of 7 residents reviewed for assessments.</p> <p>Findings include:</p> <p>1. The clinical record for Resident A was reviewed on 3/28/11 at 5:30 a.m. The resident's diagnoses included, but were not limited to: coronary artery disease and hypertension. Resident Services Notes included, but were not limited to: 3/16/11 7:20 a.m. "Found RT (resident) on floor. Left upper hand bruised. Rt. ask to be send to [named] hospital, called MD. Advised and family meet Rt at [named] hospital ER (Emergency Room)." Documentation was lacking of an assessment prior to being sent out to the hospital.</p> <p>2. The clinical record for Resident F was reviewed on 3/28/11 at 5:00 a.m. The resident's diagnoses included, but were not limited to dementia and fractured left hip. Service Notes included, but were not limited to: 3/17/11 8:20 a.m. "Called [named] hospital - Resident admitted with</p>	R0214	<p>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</p> <p>Citation #1 R 214 410 IAC 16.2-2-5-2 (a) Evaluation What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? No residents were found to be affected. Resident A and Resident F were re-assessed by the Wellness Director as to their current medical conditions and needs. Resident A's physician was notified of the occurrence with new orders received and clarification regarding the medication and treatment orders. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? No other residents were found to</p>	04/30/2011	

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	<p>L (Left) femoral neck Fracture and is to undergo surgery later today. Daughter [named] aware." The next entry dated 3/22/11 6:06 p.m. "Resident returned to facility around 4:45 p.m. today, in wheelchair. Per daughter [named] res. needs to be assisted w/ (with) transfers and should be using wheelchair. Vitals upon arrival are BP (blood pressure) 129/71, temp (temperature) 97.8 F (Fahrenheit) (o) (orally), pulse 86, and resp. (respirations) 16. " Documentation was lacking of an assessment of the surgery site of the left leg.</p> <p>In interview with the Wellness Director on 3/28/11 at 6:08 a.m., she indicated she would usually reassess the resident upon return from the hospital. Documentation was lacking of an assessment of the resident when she returned.</p> <p>On 3/28/11 at 9 a.m., the Wellness Director provided the policy and procedure for Resident Fall Response Assess Situation dated 8/2009. "3. Take vital signs (BP, pulse, respirations). This information will be useful to paramedics and the Resident Wellness Director, if needed. Assess resident's discomfort (none, slight, moderate or extreme). 4. Perform a brief check of the resident to include feeling elbows, shoulders, back, hips, and knees."</p>		<p>be affected. What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur? The Wellness Director was re-educated to the company's service assessment policy and procedure by the Regional Director of Quality and Care Management. The Wellness Director will ensure residents are assessed per this policy and reviewed for new orders when returning from the hospital. A spreadsheet has been implemented in order to assure resident assessments are completed within acceptable time frames. How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? For the next three months the Wellness Director or designee will perform a random weekly review of resident's condition as indicated within our policy and procedure or as indicated. Residents who are returning from physician visits and hospital stays will be reviewed for physician orders and transcribed accordingly. Findings will be reviewed and corrected through the facility's QA process. By what date will the systemic changes be completed? Compliance Date: 4/30/11</p>		

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	This state residential tag relates to Complaint IN00088045.						

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R0241	<p>Based on record review and interview the facility failed to ensure ordered medication/treatment was provided to 1 of 7 sampled residents whose record was reviewed. (Resident A)</p> <p>Findings include:</p> <p>1. The clinical record for Resident A was reviewed on 3/28/11 at 5:30 a.m. The resident's diagnoses included, but were not limited to: coronary artery disease and hypertension. On 2/17/11 a Physician Fax Transmission/Phone Order was received which included, but was not limited to: "Lisinopril (for blood pressure) 5 mg (milligram) i (one) daily p.o. (by mouth) 90 x 3"</p> <p>Review of the Medication Administration Record for February 2011 included, but was not limited to: "Lisinopril 5 mg 1 tab daily p.o. to start on 2/18/11."</p> <p>Documentation was lacking the medication was given February 18 through 28, 2011.</p> <p>During an interview with the Wellness Director on 3/28/2011 at 10:37 a.m., she indicated that she felt the Lisinopril was actually given but was just not documented as being given as it had been delivered from the pharmacy and that after checking, nothing had been returned.</p>		R0241	<p>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</p> <p>Citation #2 R 241 410 IAC 16.2-5-4 (e) (1) Health Services</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? No residents were found to be affected. Resident A's physician was notified of the occurrence with new orders received as to clarification regarding the medication and treatment orders. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? No other residents were found to be affected. What measures will be put into place or what systemic changes will the</p>		04/30/2011	

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	<p>2. Review of the clinical record for Resident A, on 3/16/11 at 1:40 p.m., indicated the resident returned from the emergency room after a fall in his apartment. The Wellness Director documented [named] home health care service was notified to start the service. The Exitcare Patient Information ED (Emergency Department) Discharge Instruction Summary included, but was not limited to: Patient Instructions "return to ED immediately for worsening symptoms, apply heat to affected area with heating pad or warm compress 15 - 20 minutes 3 - 4 times daily...."</p> <p>In interview with the Wellness Director on 3/28/11 at 10:30 a.m., she indicated, "We just missed the order for the warm compresses on the return sheet".</p> <p>This state residential tag relates to Complaint IN00088045.</p>			<p>facility make to ensure that the deficient practice does not recur? The Wellness Director and licensed staff were re-educated to the policy regarding medication and treatments, Medication Administration Record, and the Indiana state regulation 410 IAC 16.2-5-4 (e) (1) Health Services by the Regional Director of Quality and Care Management. The Wellness Director or Designee will review residents upon admission or re-admission to Bennett House to ensure orders are reviewed and transcribed in the Medication Administration Record as indicated by the physician order.</p> <p>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The Wellness Director and/or Designee will perform a random audit three times weekly for the next three months to ensure physician orders are transcribed within the Medication Administration Record as ordered by the physician. Findings will be reviewed and corrected through the facility's QA process. By what date will the systemic changes be completed? Compliance Date: 4/30/11</p>			